| SEPA Environ   | United States  Environmental Protection Agency Washington, DC 20460  Registration Amendment  Other                        |  |  |   |   |  |  |  |  |
|--|---|--|--|---|---|--|--|--|--|
|  | Appl  | ication for P  | esticide - Sec   | tion l  | alexando com Adrico metros a se escribiro A se escribiro de constitución de como de como de como de como propenyo en que de co  |  |  |  |  |
| 1. Company/Product Number  | er op de klassifieren de ferfelse genomen an der foargement die voorgeg van zit ook britisk de vroe kaar foarbyn de<br>Ge |  | 2. EPA Product   | Manager   | 3. Proposed Classification  |  |  |  |  |
| S.C. Johnson & Son, Ir   | nc. / 4822-564  | www.completeners.com   | Michael Waç  | yman  | ⊠ None ☐ Restricted   |  |  |  |  |
| 4. Company/Product (Name)  |   |  | PM#  | PM#   |   |  |  |  |  |
| S.C. Johnson & Son, Ir   | ıc. / Geneva-P  |  | 4  | 4   |   |  |  |  |  |
| 5. Name and Address of Appl<br>S. C. Johnson & Son, I<br>1525 Howe Street<br>Racine, WI 53403-2236   | nc.   | Code)  | 3(c)(3)(b)(i), my labeling to:<br>EPA Reg. No.                             |   | dance with FIFRA Section<br>ar or identical in composition and  |  |  |  |  |
| Check if this is a new addr  | OSS   | obanings-sensings-triangungs-page                                  | Product Name   |   | account contracts of the state |  |  |  |  |
|  |   | Sec  | tion II  |   |   |  |  |  |  |
| <ul> <li>☐ Amendment – Explain bel</li> <li>☐ Submission in response to dated</li> <li>☑ Notification – Explain belove</li> </ul>  | Agency letter   | ☐ Final printed☐ "Me Too" A<br>☐ Other - Expl                      |  | se to Agency lett   | er dated  |  |  |  |  |
| Explanation: Use additional page(s) if necessary. (For Section I and Section II.)  |   |  |  |   |   |  |  |  |  |
| Notification of additional alternate brand names per PR Notice 98-10.  |   |  |  |   |   |  |  |  |  |
| no other changes have be<br>understand that it is a vio<br>understand that if this no  | een made to the la<br>lation of U.S.C. Se<br>tification is not co<br>on of FIFRA and I                                    | beling or the<br>ec. 1001 to wi<br>onsistent with<br>may be subje  | confidential st<br>illfully make any<br>the terms of P<br>ect to enforceme | atement of for<br>y false statem<br>R Notice 98-1<br>ent action and | ent to EPA. I further<br>0 and 40 CFR 152.46, this<br>I penalties under sections 12   |  |  |  |  |
|  |   | Sect   | tion III   |   |   |  |  |  |  |
| Material This Product Will B   |   |  |  |   |   |  |  |  |  |
| Child-Resistant Packaging<br>☐ Yes * ☐ No  | Unit Packaging ☐ Yes ☑ No   |  | Water Soluble P ☐ Yes. ☑ No  |   | Type of Container Metal Plastic   |  |  |  |  |
| *Certification must<br>be submitted  | If "Yes"<br>Unit Packaging wgt  | No. Per<br>container   | If "Yes"<br>Package wgt.   | No. Per Container   | Glass Paper Other (Specify)   |  |  |  |  |
| 3. Location of Net Contents In   | formation 4. Size(s   | s) Retail Contai   | ner  |   | of Label Directions   |  |  |  |  |
| ⊠ Label ☐ Container  |   | 1-12   | OZ.  | ⊠ On Lab  | ell<br>peling accompanying product  |  |  |  |  |
| 6. Manner in Which Label is A  | ffixed to Product   | <ul><li>☑ Lithogra</li><li>☐ Paper gl</li><li>☐ Stencile</li></ul> | ued  | her   |   |  |  |  |  |
|  |   | Sect   | ion IV   |   |   |  |  |  |  |
| 1. Contact Point (Complete ite   | ems directly below for  | identification o   | f individual to be co  | ontacted, if neces  | ssary, to process this application)   |  |  |  |  |
| Name   | Title   |  |  | Telephone   | No. (Include Area Code)   |  |  |  |  |
| Steve Delgado  | <del>ann an </del>   |  | ialist   | (262) 260   | )-1960  |  |  |  |  |
| Steve Delgado Registration Specialist (262) 260-1960  Certification  I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.  6. Date Application Received (Stamped) |   |  |  |   |   |  |  |  |  |

| 2. Signature                | 3. Title                      |  |
|-----------------------------|-------------------------------|--|
|                             | Registration Specialist       |  |
| 4. Typed Name Steve Delgado | 5. Date <b>3 October 2017</b> |  |

| Please read instructions on reverse before co   | ompleting form.       |          |                               |   |                           |            | Form approved     | . OMN No. 2070-0060. Approval Expires 05-31-98.                     |  |  |
|---|-----------------------|----------|-------------------------------|---|---------------------------|------------|-------------------|---|--|--|
|   |                       | d State  |                               | ~~~   |                           | •          | tration           | OPP Identifier Number   |  |  |
|   | mental F<br>Washingto |          |                               | gency   | <i>'</i> []               |            | ndment            |   |  |  |
|   |                       | ,        |                               |   |                           | Other      | •                 |   |  |  |
|   |                       | Apı      | plication                     | n for P   | esticide -                | Sectio     | n I               | 1   |  |  |
| Company/Product Number  |                       |          |                               | 2. EP   | A Product Ma              | nager      |                   | Proposed Classification   |  |  |
| S.C. Johnson & Son, Inc.  | / 482                 | 2-564    |                               | Ms. E   | lizabeth Fe               | rtich      | None ☐ Restricted |   |  |  |
| 4. Company/Product (Name)   |                       |          |                               | PM#   | PM#                       |            |                   |   |  |  |
| S.C. Johnson & Son, Inc.  | / Gen                 | eva-P    |                               | 4   | 4                         |            |                   |   |  |  |
| 5. Name and Address of Appli<br>S. C. Johnson & Son, Inc.   | · ·                   | ide ZIP  | Code)                         | 6. <b>Expedited Review</b> . In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: |                           |            |                   |   |  |  |
| 1525 Howe St.   |                       |          |                               | EPA F   | Reg. No.                  |            |                   |   |  |  |
| Racine, WI 53403-2236   |                       |          |                               | Produ   | ct Name                   |            |                   |   |  |  |
| ☐ Check if this is a new addr   | ess                   |          |                               | 11000   | ot Hairio                 |            |                   |   |  |  |
|   |                       |          | _                             | Sec   | tion II                   |            |                   |   |  |  |
| ☐ Amendment – Explain belo  | OW.                   |          | ☐ Fina                        | al printed  | l labels in res           | ponse to   | Agency lett       | er dated  |  |  |
| Resubmission in response dated  | to Agency I           | letter   |                               |   | pplication.<br>ain below. |            |                   |   |  |  |
| Notification – Explain belo   | W.                    |          |                               | ·   |                           |            |                   |   |  |  |
| Explanation: Use additional page(s) if necessary. (For Section I and Section II.)   |                       |          |                               |   |                           |            |                   |   |  |  |
| Notification of label change per PR Notice 98-10.   |                       |          |                               |   |                           |            |                   |   |  |  |
| This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes   |                       |          |                               |   |                           |            |                   |   |  |  |
| have been made to the labeling  | g or the con          | fidentia | al stateme                    | nt of for   | mula for this p           | product.   | I understand      | I that it is a violation of 18 U.S.C.                               |  |  |
|   |                       |          |                               |   |                           |            |                   | not consistent with the terms or PR nforcement action and penalties |  |  |
| under sections 12 and 14 of F   |                       |          |                               |   |                           | ,          |                   | ·   |  |  |
| 4 Matarial This Draduct Will C  | Da Daakara            | d 1      |                               | Sec   | tion III                  |            |                   |   |  |  |
| Material This Product Will E     Child-Resistant Packaging  | Unit Packa            |          |                               |   | Water Soluk               | ole Pack   | aging 2.          | Type of Container   |  |  |
| ☐ Yes *   | ☐ Yes                 | 5 5      |                               | ☐ Yes   |                           |            |                   | Metal   |  |  |
| No     *Certification must     *Certification | ⊠ No<br>If "Yes"      |          | No                            | . Per   | No If "Yes"               | No         | . Per             | Plastic<br>Glass  |  |  |
| be submitted  | Unit Packa            | aging w  |                               | ntainer   | Package wg                |            | ntainer           | Paper   |  |  |
|   |                       |          |                               | <u> </u>  |                           |            |                   | Other (Specify)   |  |  |
| Location of Net Contents In   | tormation             |          | e(s) Retai<br><b>2 ounces</b> | ı Contai  | ner                       |            | 5. Location       | n of Label Directions<br>pel  |  |  |
|   |                       |          | - 0411000                     |   |                           |            |                   | peling accompanying product   |  |  |
| 6. Manner in Which Label is A   | ffixed to Pro         | duct     |                               |   | ph <u>OR</u> [            | Othe       | er                |   |  |  |
|   |                       |          |                               |   |                           |            |                   |   |  |  |
|   |                       |          |                               |   | tion IV                   |            |                   |   |  |  |
|   |                       |          | for identifi                  |   |                           |            |                   | ssary, to process this application)                                 |  |  |
| Name Da   | n Hollas              | Title    |                               | Regi  | stration Spe              | cialist    | (262) 260-        | No. (Include Area Code)<br><b>2405</b>                              |  |  |
| 1   |                       |          | ication                       |   |                           |            |                   | 6. Date Application   |  |  |
| I certify that the statements I have<br>complete. I acknowledge that any<br>imprisonment or both under applic   | knowingly fa          |          |                               |   |                           |            |                   | Received (Stamped)  |  |  |
| 2. Signature  |                       |          | 3. Title                      |   |                           |            |                   | 1   |  |  |
| 1   | SNA                   |          |                               |   | Regis                     | tration \$ | Specialist        |   |  |  |
|   | x/ Nello              | June .   |                               |   |                           |            |                   | -   |  |  |
| 4. Typed Name   | Dan Holla             | ıs       | <ol><li>Date</li></ol>        |   | 1                         | 9 Decei    | mber 2018         |   |  |  |

| Please read instructions on reverse before co   | mpleting form.         |            |                       |   |                           |          | Form approved        | OMN No. 2070-0060. Approval Expires 05-31-98.                       |  |  |
|---|------------------------|------------|-----------------------|---|---------------------------|----------|----------------------|---|--|--|
| Fusinan   |                        | d States   |                       |   |                           | •        | tration              | OPP Identifier Number   |  |  |
|   | mental P<br>Washingtor |            |                       | gency   | / <u> </u>                |          | dment                |   |  |  |
|   |                        | .,         |                       |   |                           | Other    | •                    |   |  |  |
|   |                        | App        | lication              | for P   | esticide - S              | Section  | n l                  | _   |  |  |
| Company/Product Number  |                        |            |                       | 2. EP.  | A Product Mar             | nager    |                      | Proposed Classification   |  |  |
| S.C. Johnson & Son, Inc.  | / 4822                 | 2-564      |                       | Ms. E   | lizabeth Fer              | tich     |                      |   |  |  |
| 4. Company/Product (Name)   |                        |            |                       | PM#   |                           |          |                      |   |  |  |
| S.C. Johnson & Son, Inc.  | / Gene                 | eva-P      |                       | 4   | 4                         |          |                      |   |  |  |
| 5. Name and Address of Appli<br>S. C. Johnson & Son, Inc.   | · ·                    | de ZIP (   | Code)                 | 6. <b>Expedited Review</b> . In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: |                           |          |                      |   |  |  |
| 1525 Howe St.   |                        |            |                       | EPA F   | Reg. No.                  |          |                      |   |  |  |
| Racine, WI 53403-2236   |                        |            |                       | Produ   | ct Name                   |          |                      |   |  |  |
| ☐ Check if this is a new addre  | ess                    |            |                       | 1 Toda  | ot i tamo                 |          |                      |   |  |  |
|   |                        |            |                       | Sec   | tion II                   |          |                      |   |  |  |
| ☐ Amendment – Explain belo  | ow.                    |            | ☐ Fina                | l printed   | l labels in resp          | onse to  | Agency lett          | er dated  |  |  |
| Resubmission in response dated  | to Agency l            | etter      |                       |   | pplication.<br>ain below. |          |                      |   |  |  |
| Notification – Explain below  | W.                     |            |                       |   |                           |          |                      |   |  |  |
| Explanation: Use additional page(s) if necessary. (For Section I and Section II.)   |                        |            |                       |   |                           |          |                      |   |  |  |
| Notification of Alternate Brand Names per PR Notice 98-10.  |                        |            |                       |   |                           |          |                      |   |  |  |
| This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes   |                        |            |                       |   |                           |          |                      |   |  |  |
|   |                        |            |                       |   |                           |          |                      | that it is a violation of 18 U.S.C.                                 |  |  |
|   |                        |            |                       |   |                           |          |                      | not consistent with the terms or PR nforcement action and penalties |  |  |
| under sections 12 and 14 of F   |                        | ,          |                       |   |                           | ,        | ,                    | ·   |  |  |
| 4 Matarial This Draduct Will C  | Da Daakanad            | l la.      |                       | Sec   | tion III                  |          |                      |   |  |  |
| Material This Product Will E     Child-Resistant Packaging  | Unit Packa             |            |                       |   | Water Solub               | le Pack  | aging 2.             | Type of Container   |  |  |
| ☐ Yes *   | ☐ Yes                  | 3 3        |                       | ☐ Yes   |                           |          |                      | Metal   |  |  |
| No     *Certification must     *Certification | ⊠ No<br>If "Yes"       |            | No                    | . Per   | No If "Yes"               | No       | . Per                | Plastic<br>Glass  |  |  |
| be submitted  | Unit Packa             | aging wo   |                       | ntainer   | Package wg                |          | ntainer              | Paper   |  |  |
|   |                        |            |                       | <u> </u>  |                           |          |                      | Other (Specify)   |  |  |
| Location of Net Contents Int  | formation              |            | e(s) Retail<br>ounces | l Contai  | ner                       |          | 5. Location          | of Label Directions   |  |  |
|   |                        |            |                       |   |                           |          |                      | peling accompanying product   |  |  |
| 6. Manner in Which Label is A   | ffixed to Prod         | duct       |                       |   | ph <u>OR</u> [            | Othe     | er                   |   |  |  |
|   |                        |            |                       |   |                           |          |                      |   |  |  |
|   |                        |            |                       | Sect  | ion IV                    |          |                      |   |  |  |
| 1. Contact Point (Complete it   | ems directly           | below fo   | or identific          | cation of   | individual to b           | e conta  |                      | sary, to process this application)                                  |  |  |
| Name <b>Da</b> i  | n Hollas               | Title      |                       | Regi  | stration Spec             | ialist   | Telephone (262) 260- | No. (Include Area Code)<br><b>2405</b>                              |  |  |
|   |                        |            | cation                |   |                           |          |                      | 6. Date Application   |  |  |
| I certify that the statements I have<br>complete. I acknowledge that any<br>imprisonment or both under applic   | knowingly fal          |            |                       |   |                           |          |                      | Received (Stamped)  |  |  |
| 2. Signature  |                        | 3          | 3. Title              |   |                           |          |                      | 1   |  |  |
| · /.  | BIM                    |            |                       |   | Regist                    | ration S | Specialist           |   |  |  |
|   | x/Melle                | American . |                       |   |                           |          |                      |   |  |  |
| 4. Typed Name   | Dan Hollas 5. Date     |            |                       |   | 28                        | 8 Febru  | ary 2019             |   |  |  |

| Please read instructions on reverse before co   | mpleting form.                |                                       |                           |   |        | Form approve          | ed. OMN No. 2070-0060. Approval Expires 05-31-98. |  |  |
|---|-------------------------------|---------------------------------------|---------------------------|---|--------|-----------------------|---|--|--|
|   | mental P                      | d States<br>Protection<br>n, DC 20460 | Agency                    | / 🗒 A   | men    | tration<br>dment      | OPP Identifier Number                             |  |  |
| - "   |                               | •                                     |                           | <u> </u>  | ther   |                       |   |  |  |
|   |                               | Applicati                             | on for P                  | esticide - Sec  | ctior  | ı l                   |   |  |  |
| Company/Product Number  |                               |                                       | 2. EP                     | A Product Manag   | ger    |                       | 3. Proposed Classification                        |  |  |
| S.C. Johnson & Son, Inc.  | / 4822                        | 2-564                                 | Ms. E                     | lizabeth Fertic   | ch     |                       |   |  |  |
| 4. Company/Product (Name)   |                               |                                       | PM#                       |   |        |                       |   |  |  |
| S.C. Johnson & Son, Inc.  | / Gen                         | eva-P                                 | 4                         |   |        |                       |   |  |  |
| 5. Name and Address of Applic   | *                             | de ZIP Code)                          |                           | 6. <b>Expedited Review</b> . In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: |        |                       |   |  |  |
| S. C. Johnson & Son, Inc.   |                               |                                       | ·                         |   | nucai  | in compos             | sition and labeling to.                           |  |  |
| 1525 Howe St.   |                               |                                       | EPAF                      | Reg. No.  |        |                       |   |  |  |
| Racine, WI 53403-2236   |                               |                                       | Produ                     | ct Name   |        |                       |   |  |  |
| Check if this is a new addre  | 988                           |                                       | Sec                       | tion II   |        |                       |   |  |  |
| ☐ Amendment – Explain belo  | NA/                           |                                       |                           |   |        |                       |   |  |  |
| l <u></u>   |                               | l <u>—</u>                            | =                         | l labels in respon<br>pplication.   | ise to | Agency le             | tter dated  |  |  |
| <ul><li>Resubmission in response<br/>dated</li></ul>  | to Agency I                   |                                       | her - Expl                | • •   |        |                       |   |  |  |
| Notification – Explain below.     ■    ■    ■    ■    ■    ■    ■   |                               |                                       |                           |   |        |                       |   |  |  |
| Explanation: Use additional page(s) if necessary. (For Section I and Section II.)   |                               |                                       |                           |   |        |                       |   |  |  |
| Notification of label claims per PR Notice 98-10.   |                               |                                       |                           |   |        |                       |   |  |  |
| This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula for this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms or PR Notice 98-10 and 40CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA. |                               |                                       |                           |   |        |                       |   |  |  |
|   |                               |                                       | Sec                       | tion III  |        |                       |   |  |  |
| Material This Product Will E  |                               |                                       |                           |   |        |                       |   |  |  |
| Child-Resistant Packaging ☐ Yes *   | Unit Packa<br>☐ Yes           | aging                                 |                           | Water Soluble Packagin ☐ Yes  |        |                       | . Type of Container<br>☑ Metal                    |  |  |
| ⊠ No  | ⊠ No                          | Ī.                                    | . 5                       | ⊠ No  | T      |                       | Plastic   |  |  |
| *Certification must be submitted  | If "Yes"<br>Unit Packa        |                                       | No. Per<br>container      | If "Yes"<br>Package wgt.  |        | Per [<br>tainer [     | 」Glass<br>]Paper                                  |  |  |
|   |                               |                                       |                           |   |        |                       | Other (Specify)                                   |  |  |
| 3. Location of Net Contents Inf   | ormation                      | 4. Size(s) Ret                        |                           | ner   |        | 5. Location           | on of Label Directions<br>abel                    |  |  |
|   |                               |                                       |                           |   |        |                       | abeling accompanying product                      |  |  |
| 6. Manner in Which Label is Af  | fixed to Pro                  | duct 🔀                                | Lithogra Paper g Stencile | ued   | Othe   | r                     |   |  |  |
| Section IV  |                               |                                       |                           |   |        |                       |   |  |  |
| 1. Contact Point (Complete ite  | ems directly                  | below for ident                       | ification o               | findividual to be c   | contac | ted, if nec           | essary, to process this application)              |  |  |
| Name Dar  | n Hollas                      | Title                                 | Regi                      | stration Special  | list   | Telephon<br>(262) 260 | e No. (Include Area Code)<br>0 <b>-2405</b>       |  |  |
| I certify that the statements I have complete. I acknowledge that any imprisonment or both under applic   | made on this<br>knowingly fal | se or misleading                      | achments th               |   |        |                       | 6. Date Application Received (Stamped)            |  |  |
| 2. Signature  | ) I (                         | 3. Title                              |                           | Registrati  | tion S | pecialist             |   |  |  |
| 4. Typed Name Dan Hollas 5. Date  |                               |                                       |                           | 14 March 2019   |        |                       | 7   |  |  |

| Please read instructions on reverse before completing                                     | ng form.  |              |  |                |             | Form approved.             | OMN No. 2070-0060. Approval Expires 05-31-98. |  |  |
|---|---|--------------|--|----------------|-------------|----------------------------|---|--|--|
|   | United Stat   |              |  |                | Regis       | stration                   | OPP Identifier Number                         |  |  |
| Environme   |   |              | gency  | <b>/</b>       | Amer        | ndment                     |   |  |  |
| was   | shington, DC  | 20460        |  | $\boxtimes$    | Othe        | •                          |   |  |  |
| Application for Pesticide - Section I   |   |              |  |                |             |                            |   |  |  |
| Company/Product Number  |   |              | 2. EP  | A Product Mai  | nager       | 3. Proposed Classification |   |  |  |
| S.C. Johnson & Son, Inc. /  | 4822-564  |              | Ms. E  | lizabeth Fer   | tich        |                            |   |  |  |
| 4. Company/Product (Name)   |   |              | PM#  |                |             | 7                          |   |  |  |
| S.C. Johnson & Son, Inc. /  | Geneva-P  | •            | 4  |                |             |                            |   |  |  |
| 5. Name and Address of Application  | n (Include ZII  | Code)        |  |                |             |                            | ith FIFRA Section 3(c)(3)(b)(i), my           |  |  |
| S. C. Johnson & Son, Inc.   |   |              |  |                | identica    | ii in composit             | on and labeling to:                           |  |  |
| 1525 Howe St.   |   |              | EPAR   | leg. No.       |             |                            |   |  |  |
| Racine, WI 53403-2236  Check if this is a new address                                     |   |              | Produ  | ct Name        |             |                            |   |  |  |
| Check if this is a new address  |   |              | Sec  | tion II        |             |                            |   |  |  |
| ☐ Amendment – Explain below.  |   | ⊠ Fina       |  |                | onse to     | Agency lette               | er dated _September 23, 2013_                 |  |  |
| Resubmission in response to A   | agency letter   |              | -  | pplication.    | 70113C to   | 7 igorioy iotto            | Ocptember 20, 2010                            |  |  |
| dated   | ,   |              |  | lain below.    |             |                            |   |  |  |
| □ Notification – Explain below.   |   |              |  |                |             |                            |   |  |  |
| <b>Explanation:</b> Use additional pag  | Explanation: Use additional page(s) if necessary. (For Section I and Section II.) |              |  |                |             |                            |   |  |  |
| Submission of Final Printed Labels in response to Agency letter dated September 23, 2013. |   |              |  |                |             |                            |   |  |  |
|   |   | •            |  |                |             | •                          |   |  |  |
|   |   |              |  |                |             |                            |   |  |  |
|   |   |              | Sect   | tion III       |             |                            |   |  |  |
| 1. Material This Product Will Be Pa   |   |              |  | M ( 0 1 1      |             |                            | T (0 ):                                       |  |  |
|   | it Packaging<br>Yes   |              | Water Soluble Packaging  |                |             |                            |   |  |  |
|   | No  |              | ⊠ No □   |                |             |                            | Plastic                                       |  |  |
| oci anoution must   | Yes"<br>it Packaging <sup>,</sup>   |              | o. Per IIf "Yes" No. Per ☐ Glass<br>ntainer Package wgt. container ☐ Paper |                |             |                            | Glass<br>Paper                                |  |  |
| be submitted  |   |              |  | . dendge ng    |             |                            | Other (Specify)                               |  |  |
| 3. Location of Net Contents Information   |   |              | I Container 5. Location of Label Directions                                |                |             |                            |   |  |  |
| ☐ Label ☐ Container   | 1 - 1   | 2 ounces     |  |                |             | │                          | el<br>eling accompanying product              |  |  |
| 6. Manner in Which Label is Affixed   | d to Product  |              | Lithogra   | ph <u>OR</u> [ | Oth         | •                          |   |  |  |
|   |   |              | Paper gl<br>Stencile   |                |             |                            |   |  |  |
|   |   | <u> </u>     |  | ion IV         |             |                            |   |  |  |
| 1. Contact Point (Complete items  | directly below  | for identifi |  |                | e conta     | cted, if neces             | sary, to process this application)            |  |  |
| Name Title Telephone No. (Include Area Code   |   |              |  |                |             |                            |   |  |  |
| Dan Hollas Associate Manager, Regulatory Affairs (262) 260-2405                           |   |              |  |                |             |                            | 405   |  |  |
| I certify that the statements I have made   |   | fication     | amanta th  | arata ara trua | a a a urata | and                        | 6. Date Application                           |  |  |
| complete. I acknowledge that any know   |   |              |  |                |             |                            | Received<br>(Stamped)                         |  |  |
| imprisonment or both under applicable   | law.  | 3. Title     |  |                |             |                            | (Stampou)                                     |  |  |
| 2. Signature  | ite Manager, Regulatory Affairs   |              |  |                |             |                            |   |  |  |
| 200   | Kller-  | ASSOCIAT     | e wana   | ger, regulato  | гу Апа      | 115                        |   |  |  |
| 4. Typed Name   | <b>*</b>  | 5. Date      |  |                |             |                            |   |  |  |
| Dan Hollas 29 October 2019  |   |              |  |                |             |                            |   |  |  |

| Please read instructions on reverse before completing form.  | Form Approved, OMB No. 207  | 0-0060, Approval expires 05-31-98      |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| United States  | ☐ Registration  | OPP Identifier Number                  |  |  |  |  |  |  |  |
| EPA Environmental Protect  | <del>-</del>  |  |  |  |  |  |  |  |  |
| Washington, DC 2   | 0.100   |  |  |  |  |  |  |  |  |
|  | ⊠ Otilei  |  |  |  |  |  |  |  |  |
| Applica  | tion for Pesticide - Section I  |  |  |  |  |  |  |  |  |
| 1. Company/Product Number<br>4822-564  | EPA Product Manager     Richard Gebken  | Proposed Classification                |  |  |  |  |  |  |  |
| Company/Product (Name)     Geneva-P  | PM#<br>10   | None Restricted                        |  |  |  |  |  |  |  |
| <ul> <li>5. Name and Address of Applicant (Include ZIP Code)</li> <li>S. C. Johnson &amp; Son, Inc.</li> <li>1525 Howe Street</li> <li>Racine, WI 53403</li> <li>Check if this is a new address</li> </ul> | 6. <b>Expedited Review</b> . In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to:  EPA Reg. No |  |  |  |  |  |  |  |  |
|  | Product Name:   | <del></del>                            |  |  |  |  |  |  |  |
|  | Section - II  |  |  |  |  |  |  |  |  |
| Amendment – Explain below.  Resubmission in response to Agency letter dated  Notification - Explain below.   | Other - Explain below   | to Agency letter dated                 |  |  |  |  |  |  |  |
| <b>Explanation</b> : Use additional page(s) if necessary   |   |  |  |  |  |  |  |  |  |
| •  | SEAL LETTERS FOR THE FOLLOWING  | COUNTRY:                               |  |  |  |  |  |  |  |
|  | old Seal Letters for: <u>VIETNAM</u><br>Registration Service Fee  |  |  |  |  |  |  |  |  |
| <u>.</u>   | Fee Category M006   |  |  |  |  |  |  |  |  |
| Fee = \$2  | 91.00; Review Time = 1 Month  |  |  |  |  |  |  |  |  |
|  | contact Jodie Thrune at 262-260-2882 or at J  | LThrune@scj.com                        |  |  |  |  |  |  |  |
|  | Section - III   | <u> </u>                               |  |  |  |  |  |  |  |
| Material This Product Will Be Packaged In:   |   |  |  |  |  |  |  |  |  |
| Child-Resistant Packaging Unit Packaging   | Water Soluble Packaging   | 2. Type of Container                   |  |  |  |  |  |  |  |
| ☐ Yes* ☐ Yes   | Yes   | Metal                                  |  |  |  |  |  |  |  |
| □ No □ No  | □ No  | Plastic                                |  |  |  |  |  |  |  |
| If "Yes"   | No. per If "Yes" No. per  | Glass                                  |  |  |  |  |  |  |  |
| *Certification must Unit Packaging wgt.  | container Package wgt. container  | Paper                                  |  |  |  |  |  |  |  |
| be submitted   |   | Other (Specify)                        |  |  |  |  |  |  |  |
|  | ·   | of Label Directions                    |  |  |  |  |  |  |  |
| Label Container  | On Lab  |  |  |  |  |  |  |  |  |
| C. Mannan in Which Label in Affined to Draduct.  |   | eling accompanying product             |  |  |  |  |  |  |  |
| Paper  | ograph Otherer gluedciled   |  |  |  |  |  |  |  |  |
| _  | Section - IV  |  |  |  |  |  |  |  |  |
| Contact Point (Complete items directly below for identificati  |   | ss this annlication)                   |  |  |  |  |  |  |  |
|  | itle  | Telephone No. (Include Area            |  |  |  |  |  |  |  |
| 1525 Howe Street, Racine WI 53403  | Registrations Specialist  | Code) <b>262-260-2882</b>              |  |  |  |  |  |  |  |
| Certifica I certify that the statements I have made on this form and all a acknowledge that any knowingly false or misleading statemen under applicable law.   | ttachments thereto are true, accurate and complete. I   | 6. Date Application Received (Stamped) |  |  |  |  |  |  |  |
| 2. Signature   | 3. Title  |  |  |  |  |  |  |  |  |
| Rebekah Hernandery for JT  | Registrations Specialist  |  |  |  |  |  |  |  |  |
| 4. Typed Name  Jodie Thrune  | 5. Date 11/17/2020  |  |  |  |  |  |  |  |  |

| Please read instructions on reverse before   | ore completing form.            | Form Approved, OMB No. 2070-0060, Approval expires 05-31-98 |                                      |                            |   |  |  |  |
|--|---------------------------------|---|--------------------------------------|----------------------------|---|--|--|--|
| Ω EDA  | United States                   |   | ☐ Re                                 | gistration                 | OPP Identifier Number                                     |  |  |  |
| EPA Env  | rironmental Protecti            | on Agency   |                                      | nendment                   |   |  |  |  |
|  | Washington, DC 20               | 460   | ⊠ Otl                                | ner (Gold Seals)           |   |  |  |  |
|  | Applicat                        | ion for Pe  | sticide - Se                         | •                          |   |  |  |  |
| 1. Company/Product Number 4822-564   |                                 |   | Product Manager<br>th Fertich        | 3. Proposed Classification |   |  |  |  |
| 4. Company/Product (Name) GENEVA-P   |                                 | PM# <b>Team 4</b>   |                                      |                            | None Restricted   |  |  |  |
| 5. Name and Address of Applicant (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   | nclude ZIP Code)                | (b)(l), n<br>to:<br>EPA Re                                  | ny product is a<br>eg. No<br>t Name: |                            | vith FIFRA Section 3(c)(3) n composition and labeling     |  |  |  |
|  |                                 | Section   | on - II                              |                            |   |  |  |  |
| Amendment – Explain below. Resubmission in response to A Notification - Explain below. Explanation: Use additiona    |                                 | . (For Section  | "Me Too" A                           | xplain below               | Agency letter dated                                       |  |  |  |
|  | REQUEST FOR O Category M006 (F  | <u>Thaila</u>   | and                                  |                            | nth)  |  |  |  |
|  |                                 | Sectio  | n - III                              |                            |   |  |  |  |
| Material This Product Will Be Page   |                                 | T   |                                      |                            |   |  |  |  |
| Child-Resistant Packaging  Yes*  | Unit Packaging Yes              |   | Water Soluble Yes                    | e Packaging                | Type of Container     Metal                               |  |  |  |
| No   | No No                           |   | No No                                |                            | Plastic   |  |  |  |
|  | If "Yes"                        | No. per   | If "Yes"                             | No. per                    | Glass   |  |  |  |
| *Certification must  | Unit Packaging wgt.             | container   | Package wgt                          | container                  | Paper   |  |  |  |
| be submitted   |                                 |   |                                      |                            | Other (Specify)   |  |  |  |
| 3. Location of Net Contents Informa  Label Cont  | ation 4. Size(s)                | Retail Contain  |                                      | On Label                   | f Label Directions  ng accompanying product               |  |  |  |
| Manner in Which Label is Affixed   | = '                             | glued   | ∐ Oth                                | er                         |   |  |  |  |
|  |                                 | Sectio  | n - IV                               |                            |   |  |  |  |
| Contact Point (Complete items disconnected items)  | rectly below for identification | n of individual i   | to be contacted,                     |                            |   |  |  |  |
| Name Georgia Anastasiou, Lewis   | & Harrison LLC Tit              |   | for S.C. Johnso                      |                            | Telephone No. (Include Area<br>Code)<br>202-393-3903 x111 |  |  |  |
| I certify that the statements I have m<br>acknowledge that any knowingly fals<br>under applicable law.               |                                 | achments there  |                                      |                            | 6. Date Application<br>Received<br>(Stamped)              |  |  |  |
| 2. Signature<br>Lucya anestasion for Par   | mela Honoré                     | 3. Title  | ssociate, Regula                     |                            |   |  |  |  |
| 4. Typed Name Pamela Honoré, S. C. Johnson & So 1525 Howe Street, Racine, WI 53403 Phone: 262-260-0775 E-mail: pkhon | n, Inc.                         | 5. Date   | September 2                          |                            |   |  |  |  |

| Please read instructions on reverse before co                                     | mpleting form.        |                           |                      |                        |          | Form app          | roved.     | OMN No. 2070-0060. Approval Expires 05-31-98. |
|---|-----------------------|---------------------------|----------------------|------------------------|----------|-------------------|------------|---|
|   |                       | d States                  |                      |                        | Regis    | stration          |            | OPP Identifier Number                         |
|   |                       | Protection<br>n, DC 20460 |                      | <b>/</b>               |          | ndment            |            |   |
|   | wasiiiigto            | ii, DC 20400              |                      |                        | Othe     | r                 |            |   |
|   |                       | Applica                   | tion for P           | esticide - S           | Sectio   | n I               |            |   |
| Company/Product Number  |                       | 7 тррпоц                  |                      | A Product Ma           |          |                   |            | Proposed Classification                       |
| S.C. Johnson & Son, Inc.  | 1                     | 4822-564                  |                      | lizabeth Fer           | •        |                   |            | None ☐ Restricted                             |
| 4. Company/Product (Name)   |                       |                           | PM#                  |                        |          |                   |            |   |
| S.C. Johnson & Son, Inc.  | 1                     | GENEVA-                   |                      |                        |          |                   |            |   |
| 5. Name and Address of Appli  | cation (Inclu         | ıde ZIP Code              | e) 6. <b>Ex</b>      | pedited Revie          | w. In a  | accordan          | ce w       | rith FIFRA Section 3(c)(3)(b)(i), my          |
| S. C. Johnson & Son, Inc.   | •                     |                           |                      |                        |          |                   |            | ion and labeling to:                          |
| 1525 Howe St.   |                       |                           | EPA F                | Reg. No.               |          |                   |            |   |
| Racine, WI 53403-2236   |                       |                           | Produ                | ct Name                |          |                   |            |   |
| ☐ Check if this is a new addre  | ess                   |                           |                      |                        |          |                   |            |   |
|   |                       |                           | Sec                  | tion II                |          |                   |            |   |
| Amendment – Explain belo  | ow.                   |                           | Final printed        | d labels in resp       | onse to  | o Agency          | / lette    | er dated                                      |
| Resubmission in response dated  | to Agency             |                           | "Me Too" A           | • •                    |          |                   |            |   |
| ☐ Notification – Explain below.   |                       |                           |                      |                        |          |                   |            |   |
| Explanation: Use additional page(s) if necessary. (For Section I and Section II.) |                       |                           |                      |                        |          |                   |            |   |
|   |                       |                           |                      |                        |          |                   |            |   |
| Application for Amendment   | PRIA Cate             | gory R340;                | \$5,238 Fee;         | 4 month dec            | ision ti | me.               |            |   |
|   |                       |                           |                      |                        |          |                   |            |   |
|   |                       |                           | Sec                  | tion III               |          |                   |            |   |
| Material This Product Will E     Child-Resistant Packaging                        |                       |                           |                      | Motor Colub            | lo Dook  | raging            | 2          | Type of Container                             |
| Yes *   | Unit Packa<br>☐ Yes   | ayırıy                    |                      | 1 —                    |          |                   | Metal      |   |
| ⊠ No  | ⊠ No                  |                           |                      | ⊠ No                   |          |                   |            | Plastic                                       |
| *Certification must<br>be submitted   | If "Yes"<br>Unit Pack | aging wgt.                | No. Per<br>container | If "Yes"<br>Package wg |          | o. Per<br>ntainer | H          | Glass<br>Paper                                |
| be Submitted  |                       | -ggg                      |                      | . aanaga ng            | 33       |                   |            | Other (Specify)                               |
| 3. Location of Net Contents In  | formation             | 4. Size(s) F              |                      | ner                    |          |                   |            | of Label Directions                           |
|   |                       | 1 – 12 oun                | ces                  |                        |          | _                 | Lab<br>Lab | eling accompanying product                    |
| 6. Manner in Which Label is A   | ffixed to Pro         |                           | Lithogra             |                        | ☐ Otl    | her               |            |   |
| ☑ Paper glued   ☐ Stenciled   |                       |                           |                      |                        |          |                   |            |   |
| 4.0.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.  |                       |                           |                      | tion IV                |          | ,                 |            |   |
|   | ems directly          |                           | ntification o        | f individual to l      | e conta  | 1                 |            | sary, to process this application)            |
| Name Da   | ın Hollas             | Title Associate           | e Manager.           | Regulatory A           | ffairs   | reiepr            | ione       | No. (Include Area Code)<br>(262) 260-2405     |
|   |                       | Certificati               |                      | <u> </u>               | -        | •                 |            | 6. Date Application                           |
| I certify that the statements I have complete. I acknowledge that any             |                       |                           |                      |                        |          |                   |            | Received                                      |
| imprisonment or both under applic   |                       | iise oi iiiisiedü         | ing statement        | o may be punisi        | ianie ny | IIIIC UI          |            | (Stamped)                                     |
| 2. Signature  | \                     | 3. Tit                    | le                   |                        |          |                   |            |   |
| X.  | 29400                 | 1<br>December             | Associat             | e Manager, R           | egulato  | ory Affai         | rs         |   |
| 4. Typed Name   | •                     | 5. Da                     | ite                  |                        |          |                   |            |   |
| Dan Hollas 25 November 2020   |                       |                           |                      |                        |          |                   |            |   |

| Please read instructions on reverse befo   | re completing form.               |  | Form Approved                    | d, OMB No. 207             | 0-0060, Approval expires 05-31-98     |  |  |  |  |  |
|--|-----------------------------------|--|----------------------------------|----------------------------|---------------------------------------|--|--|--|--|--|
|  | United State                      | s  | ☐ Registr                        | ation                      | OPP Identifier Number                 |  |  |  |  |  |
| EPA Env  | ironmental Protec                 | tion Agenc   | _                                |                            |                                       |  |  |  |  |  |
|  | Washington, DC                    | •  |                                  | illollit                   |                                       |  |  |  |  |  |
|  |                                   |  |                                  | . •                        |                                       |  |  |  |  |  |
|  | Applic                            |  | esticide - Section               | 11                         |                                       |  |  |  |  |  |
| 1. Company/Product Number 4822-564   |                                   | 2. EPA<br>Richard  | Product Manager<br><b>Gebken</b> | Proposed Classification    |                                       |  |  |  |  |  |
| Company/Product (Name)  Geneva-P   |                                   | PM#<br>Team 10   |                                  |                            | None Restricted                       |  |  |  |  |  |
| Name and Address of Applicant (Ir  | nclude ZIP Code)                  |  |                                  | with FIFRA Section 3(c)(3) |                                       |  |  |  |  |  |
| S. C. Johnson & Son, Inc.  | ,                                 | <ol> <li>Expedited Review. In accordance with FIFRA Section 3(c)(3)</li> <li>(b)(I), my product is similar or identical in composition and labeling</li> </ol> |                                  |                            |                                       |  |  |  |  |  |
| 1525 Howe Street   |                                   | to:  |                                  |                            |                                       |  |  |  |  |  |
| Racine, WI 53403   |                                   | EPA Reg. No  |                                  |                            |                                       |  |  |  |  |  |
| Check if this is a new address   |                                   |  |                                  |                            | <del></del>                           |  |  |  |  |  |
|  |                                   | l .  | ct Name:                         |                            |                                       |  |  |  |  |  |
|  |                                   | Secti  | on - II                          |                            |                                       |  |  |  |  |  |
| Amendment – Explain below.   |                                   |  |                                  |                            | to Agency letter dated                |  |  |  |  |  |
| Resubmission in response to A  | gency letter dated                |  | Me Too" Applica                  |                            |                                       |  |  |  |  |  |
| Notification - Explain below.  |                                   |  | Other - Explain b                |                            |                                       |  |  |  |  |  |
| Explanation: Use additional  |                                   |  |                                  |                            |                                       |  |  |  |  |  |
|  | OR FIVE (5) GOLD                  |  |                                  |                            |                                       |  |  |  |  |  |
| <u>DOMINIC</u>   | AN REPUBLIC, AN                   |  |                                  | <u>BARBADOS</u>            | <u>, BELIZE</u>                       |  |  |  |  |  |
|  |                                   | Registration East Catago   |                                  |                            |                                       |  |  |  |  |  |
|  | E                                 | Fee Catego   |                                  |                            |                                       |  |  |  |  |  |
| For questions rose   | ree = 5<br>arding the fee, pleaso |  | w Time = 1 Month                 | 1282 or at I               | I Thruno@soi.com                      |  |  |  |  |  |
| For questions rega   | truing the fee, please            |  |                                  | -2002 UI at J              | L I iii une@scj.com                   |  |  |  |  |  |
|  |                                   | Section  | on - III                         |                            |                                       |  |  |  |  |  |
| Material This Product Will Be Pace   |                                   |  | T w                              | <del> </del>               | 0.7                                   |  |  |  |  |  |
| Child-Resistant Packaging  | Unit Packaging                    |  | Water Soluble Pack               | 2. Type of Container       |                                       |  |  |  |  |  |
| Yes*   | │                                 |  | Yes                              |                            | Metal                                 |  |  |  |  |  |
| ∐ No   | If "Yes"                          | No. per  | No If "Yes"                      | No. per                    | ☐ Plastic                             |  |  |  |  |  |
| *Coutification much  | Unit Packaging wgt.               |  | Package wgt.                     | container                  | Glass                                 |  |  |  |  |  |
| *Certification must  |                                   |  |                                  |                            | Paper                                 |  |  |  |  |  |
| be submitted 3. Location of Net Contents Informa   | tion 4 Sizo                       | (a) Potail Contai  | nor                              | 5 Location                 | Other (Specify) of Label Directions   |  |  |  |  |  |
|  | ainer 4. Size                     | (s) Retail Contai  | ilei                             | On Lab                     |                                       |  |  |  |  |  |
|  | allici                            |  |                                  | =                          | eling accompanying product            |  |  |  |  |  |
| 6. Manner in Which Label is Affixed  | to Product                        | nograph  | Other                            | On labe                    | ening accompanying product            |  |  |  |  |  |
| o. Mariner in Which Laber is Anixed  |                                   | per glued  |                                  |                            | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
|  |                                   | enciled  |                                  |                            |                                       |  |  |  |  |  |
|  |                                   | Section  | on - IV                          |                            |                                       |  |  |  |  |  |
| 1. Contact Point (Complete items dir   | ectly below for identifica        | tion of individual   | to be contacted, if nece         | ssary, to proces           | s this application)                   |  |  |  |  |  |
| Name Jodie Thrune, S. C. Johnson   | ı & Son, Inc.,                    | Title  |                                  |                            | Telephone No. (Include Area           |  |  |  |  |  |
| 1525 Howe Street, Racine WI 53403  |                                   | 1  | Registrations Specialis          | st                         | Code)<br><b>262-260-2882</b>          |  |  |  |  |  |
|  | Certific                          | ation  |                                  | -                          | 6. Date Application                   |  |  |  |  |  |
| I certify that the statements I have m<br>acknowledge that any knowingly fals<br>under applicable law. |                                   |  |                                  | Received<br>(Stamped)      |                                       |  |  |  |  |  |
| 2. Signature   |                                   | 3. Title   |                                  |                            |                                       |  |  |  |  |  |
| Rebekan Hernandery for   | or JT                             |  | Registrations Specia             |                            |                                       |  |  |  |  |  |
| 4. Typed Name  |                                   | 5. Date  |                                  |                            |                                       |  |  |  |  |  |
| Jodie Thrune   |                                   |  | 3/22/2021                        |                            |                                       |  |  |  |  |  |

| <b>⇔EPA</b> En   | viron                                 | n<br>t        | OPP Identifier Number |              |                        |               |            |   |                 |  |  |
|--|---------------------------------------|---------------|-----------------------|--------------|------------------------|---------------|------------|---|-----------------|--|--|
| VLIA   |                                       | Washingto     | n, DC                 | 20460        |                        |               | Other      |   |                 |  |  |
|  | Application for Pesticide - Section I |               |                       |              |                        |               |            |   |                 |  |  |
| 1. Company/Product I   | Number                                |               | •                     |              |                        | A Product M   |            |   |                 | 3. Proposed Classification                                       |  |
| S.C. Johnson & Son,  | Inc. / 4                              | 822-564       |                       |              | Elizab                 | eth Fertich   |            |   |                 | ⊠ None   |  |
| 4. Company/Product (Name)  |                                       |               |                       |              |                        |               |            |   |                 |  |  |
| S.C. Johnson & Son,<br>Woods Sportsmen In  |                                       |               | FF! De                | еер          | Team 4                 |               |            |   |                 |  |  |
| 5. Name and Address<br>S. C. Johnson & So  |                                       | · ·           | ıde ZIF               | Code)        |                        |               |            |   |                 | th FIFRA Section 3(c)(3)(b)(i), my on and labeling to:           |  |
| 1525 Howe St.  | - , -                                 |               |                       |              | EPA R                  | eg. No.       |            |   |                 |  |  |
| Racine, WI 53403-2   | 2236                                  |               |                       |              | Produc                 | t Name        |            |   |                 |  |  |
| ☐ Check if this is a ne  | ew addre                              | ess           |                       |              |                        |               |            |   |                 |  |  |
|  |                                       |               |                       | 1            | Sect                   | ion II        |            |   |                 |  |  |
| ☐ Amendment – Exp  | plain bel                             | ow.           |                       | ☐ Fina       | l printed              | labels in res | sponse to  | Agenc                                     | y lette         | r dated  |  |
| Resubmission in redated  | esponse                               | to Agency     | letter                |              | -                      | plication.    |            |   |                 |  |  |
|  | ain belov                             | ٧.            |                       | ☐ Othe       | er - Expi              | ain below.    |            |   |                 |  |  |
| Explanation:   |                                       |               |                       |              |                        |               |            |   |                 |  |  |
| Notification of Alternate brand names; STEM Mosquito + Tick Repellent 1, STEM for Your Skin Mosquito + Tick Repellent 1, STEM Family Protection Mosquito + Tick Repellent 1, and STEM On-Body Mosquito + Tick Repellent 1 per PR Notice                                    |                                       |               |                       |              |                        |               |            |   |                 |  |  |
| 1, STEM Family Pro<br>98-10.   | tection                               | Mosquito      | + lick                | Repellen     | t 1, and               | STEM On       | -Body M    | osquito                                   | o + II          | ck Repellent 1 per PR Notice                                     |  |
|  |                                       | -             |                       |              |                        |               | _          |   |                 | .52.46, and no other changes                                     |  |
|  |                                       | _             |                       |              |                        |               | •          |   |                 | nd that it is a violation of 18                                  |  |
|  | -                                     | -             |                       |              |                        |               |            |   |                 | ication is not consistent with the subject to enforcement action |  |
| and penalties under se   |                                       |               |                       |              |                        | ion III       | 0111111111 | and m                                     | ay be           | subject to emoreement action                                     |  |
| 1. Material This Produ   | uct Will E                            | Be Package    | d In:                 |              |                        |               |            |   |                 |  |  |
| Child-Resistant Packa  ☐ Yes *   | ging                                  | Unit Pack     | aging                 |              |                        | Water Solu    | ıble Pack  | aging                                     |                 | Type of Container  |  |
| ☐ Yes ☐ No   |                                       | ☐ Yes<br>図 No |                       |              |                        | ∐ Yes<br>⊠ No |            |   |                 | Metal<br>Plastic   |  |
| *Certification must  | t                                     | If "Yes"      |                       |              | . Per                  | If "Yes"      |            | . Per                                     | =               | Glass  |  |
| be submitted   |                                       | Unit Pack     | aging v               | vgt. cor     | ntainer                | Package w     | gt. cor    | ntainer                                   |                 | Paper<br>Other (Foil pouch)                                      |  |
| 3. Location of Net Con   | itents In                             | formation     | 4. Siz                | e(s) Retai   | l Contair              | ner           |            |   | ation<br>n Labe | of Label Directions  |  |
| □ Label □ Conta  | ainer                                 |               | 2.5 o                 | z 12 oz.     |                        |               |            |   |                 | eling accompanying product                                       |  |
| 6. Manner in Which La  | abel is A                             | ffixed to Pro | duct                  |              | _ithograp              |               | ] Other    |   |                 |  |  |
|  |                                       |               |                       |              | Paper glu<br>Stenciled |               |            |   |                 |  |  |
| 10111  |                                       |               |                       |              |                        | ion IV        |            |   |                 |  |  |
|  | mplete it                             |               | below                 | for identifi | cation of              | individual to | be conta   | cted, if I                                |                 | sary, to process this application)                               |  |
| /26  |                                       |               |                       |              |                        |               |            | phone No. (Include Area Code)  ) 260-6451 |                 |  |  |
| Josh Hunnicutt   |                                       | Registrat     |                       |              |                        |               |            |   |                 | •  |  |
| Certification  I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law. |                                       |               |                       |              |                        |               |            | 6. Date Application Received (Stamped)    |                 |  |  |
| 2. Signature   | -11-11                                |               |                       | 3. Title     |                        |               |            |   |                 |  |  |
| for mill   |                                       |               |                       | Registra     | ation Sp               | oecialist     |            |   |                 |  |  |
| 4. Typed Name  |                                       | 5. Date       |                       |              |                        |               |            |   |                 |  |  |

July 11, 2022

**Josh Hunnicutt** 

|   | United States Registration   |               |          |              |                                      |   |          |             |                     | OPP Identifier Number              |  |  |
|---|--|---------------|----------|--------------|--------------------------------------|---|----------|-------------|---------------------|------------------------------------|--|--|
| <b>Ş</b> EPA  | Environ  |               |          |              | gency                                | ' <u></u>   | Ame      | ndment      |                     |                                    |  |  |
| VEIA  |  | Washingto     | n, DC 2  | 20460        |                                      | $\boxtimes$   | Othe     | r           |                     |                                    |  |  |
|   |  |               |          |              |                                      |   |          |             |                     |                                    |  |  |
|   |  |               | App      | olication    | for P                                | esticide -  | Section  | on I        |                     | _                                  |  |  |
| 1. Company/Prod   | duct Number  |               |          |              | 2. EP/                               | A Product Ma  | anager   |             |                     | 3. Proposed Classification         |  |  |
| S.C. Johnson &  | Son, Inc. / 4  | 822-564       |          |              | Elizab                               | eth Fertich   |          |             |                     |                                    |  |  |
| 4. Company/Prod   | duct (Name)  |               |          |              | PM#                                  |   |          |             |                     |                                    |  |  |
| S.C. Johnson & Son, Inc. / Geneva-P (OFF! Deep Woods Sportsmen Insect Repellent VI)   |  |               |          |              | Team                                 | 4   |          |             |                     |                                    |  |  |
| 5. Name and Add S. C. Johnson   |  |               | ıde ZIP  | Code)        |                                      | 6. <b>Expedited Review</b> . In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: |          |             |                     |                                    |  |  |
| 1525 Howe St.   | a com, mor   |               |          |              | EPA R                                | EPA Reg. No.  |          |             |                     |                                    |  |  |
| Racine, WI 534  | 103-2236   |               |          |              | Drodu                                | ct Name   |          |             |                     |                                    |  |  |
| ☐ Check if this is  |  | ess           |          |              | Produc                               | t mame  |          |             |                     |                                    |  |  |
| _   |  |               |          |              | Sec                                  | tion II   |          |             |                     |                                    |  |  |
| ☐ Amendment -   | – Explain bel  | ow.           |          | ☐ Fina       | l printed                            | labels in res   | snonse i | n Agency    | / lette             | r dated                            |  |  |
| Resubmission  | •  |               | letter   |              | •                                    | plication.  | эропос   | o rigerio   | y ictic             | - dated                            |  |  |
| dated   | •  | 5 ,           |          |              | -                                    | ain below.  |          |             |                     |                                    |  |  |
|   | Explain below  | <i>I</i> .    |          |              |                                      |   |          |             |                     |                                    |  |  |
| Explanation:  |  |               |          |              |                                      |   |          |             |                     |                                    |  |  |
|   |  |               |          | •            |                                      | •   |          |             | our S               | kin Mosquito + Tick Repellent      |  |  |
|   | 4, and STEM Family Protection Mosquito + Tick Repellent 4, per PR Notice 98-10.  This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes |               |          |              |                                      |   |          |             |                     |                                    |  |  |
|   |  | -             |          |              |                                      |   | _        |             |                     | nd that it is a violation of 18    |  |  |
|   |  | _             |          |              |                                      |   | -        |             |                     | ication is not consistent with the |  |  |
| terms of PR Notic   | e 98-10 and  | 40 CFR 152    | .46, thi | s product    | may be                               | in violation  | of FIFRA | and I ma    | ay be               | subject to enforcement action      |  |  |
| and penalties und   | der sections 1   | 12 and 14 o   | f FIFRA  | _            | Sect                                 | ion III   |          |             |                     |                                    |  |  |
| Material This F   |  |               |          |              | 0001                                 |   |          |             |                     |                                    |  |  |
| Child-Resistant P   |  | Unit Pack     |          |              |                                      | Water Solu  | ble Pac  | kaging      |                     | Type of Container                  |  |  |
| ☐ Yes * ☐ No  |  | ☐ Yes<br>図 No |          |              | ☐ Yes ☐ ☐ No                         |   |          |             |                     | Metal<br>Plastic                   |  |  |
| *Certification n  | nust   | If "Yes"      |          | No           | . Per                                | If "Yes"  | N        | o. Per      |                     | Glass                              |  |  |
| be submitted  | iust   | Unit Pack     | aging w  |              | ntainer                              | Package w   |          | ntainer     |                     | Paper                              |  |  |
|   | _  |               |          |              |                                      |   |          | 1           |                     | Other (Foil pouch)                 |  |  |
| 3. Location of Net  | Contents Inf   | formation     | 4. Siz   | e(s) Retai   | l Contair                            | ner   |          |             | ation i<br>Labe     | of Label Directions                |  |  |
| ∠ Label   | Container  |               | 2.5 oz   | z 12 oz.     |                                      |   |          |             |                     | eling accompanying product         |  |  |
| 6. Manner in Which  | ch Label is Af   | ffixed to Pro | duct     |              | ithogra                              |   | ] Other  |             |                     |                                    |  |  |
|   |  |               |          |              | Paper gl<br>Stenciled                |   |          |             |                     |                                    |  |  |
|   |  |               |          |              | Sect                                 | ion IV  |          |             |                     |                                    |  |  |
| 1. Contact Point  | (Complete it   | ems directly  | below t  | for identifi | cation of                            | individual to   | be cont  | acted, if r | necess              | sary, to process this application) |  |  |
|   |  |               |          |              |                                      | phone No. (Include Area Code)   |          |             |                     |                                    |  |  |
| Josh Hunnicutt Registration Specialist (26  |  |               |          |              |                                      |   | (262     | ) 260-6451  |                     |                                    |  |  |
| Certification   |  |               |          |              |                                      |   |          |             | 6. Date Application |                                    |  |  |
| I certify that the statements I have made on this form and all attack<br>complete. I acknowledge that any knowingly false or misleading s |  |               |          |              |                                      |   |          |             |                     | Received                           |  |  |
| imprisonment or both under applicable law.  |  |               |          |              | nation of the pullishable by life of |   |          |             |                     | (Stamped)                          |  |  |
| 2. Signature  |  |               |          | 3. Title     |                                      |   |          |             |                     |                                    |  |  |
| por miles   | 9  |               |          | Registra     | ation S                              | pecialist   |          |             |                     |                                    |  |  |
| 4. Typed Name   |  |               |          | 5. Date      |                                      |   |          |             |                     |                                    |  |  |
| Josh Hunnicutt August 26, 2022  |  |               |          |              |                                      |   |          |             |                     |                                    |  |  |